



Financial Authorization Form

Service Location for Move In:

Applicant Name: _____

Co-Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Responsibility: _____ Email: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

Contact Phone Numbers(s): _____

Residential Provide One: Last Four SSN, Full DOB, Driver's License #, Passport #, Military ID
Commercial Provide both: UBI and Tax ID (include state)

I confirm by signing this authorization form, I agree and acknowledge that I am applying for utility service with Puget Sound Energy and am responsible for any charges incurred at the location listed above.

Applicant Authorization Signature: _____

Co- Applicant Authorization Signature: _____

Applicant Authorization Name: _____

Co-Applicant Authorization Name: _____

Signature Date: _____

Complex/Management/Owner

Name: _____

Contact Phone Number(s): _____

Email: _____